

## CONTRACTOR SAFETY PREQUALIFICATION RESPONSIBILITY DETERMINATION WORKSHEET

Contractor:

Date:

For Line Items 1 thru 4, in the Requested Data, Base on Results of the Page 2 Worksheet	Not Met	Check the Appropriate Box in Each Category	Met
1. 3-Year Averages of EMR - W/C Risk Ratings	<input type="checkbox"/>	≤ 1.0 Target is met > Target is exceeded	<input type="checkbox"/>
2. 3-Year Averages - Incidence Rates			
a. Total Recordable CASES (TRC)	<input type="checkbox"/>	Target - ≤ 100% - is met Target - > 100% - is exceeded	<input type="checkbox"/>
b. Total CASES Involving Days Away from Work AND Days of Restricted work (DART)	<input type="checkbox"/>	Target - ≤ 100% - is met Target - > 100% - is exceeded	<input type="checkbox"/>
c. Total CASES Involving ONLY Days Away from Work (DARL)	<input type="checkbox"/>	Target - ≤ 100% - is met Target - > 100% - is exceeded	<input type="checkbox"/>
d. Number of Fatalities	<input type="checkbox"/>	Target (0) is met Target (0) is exceeded	<input type="checkbox"/>
3. Average Number of Serious and/or Repeat Violations per OSHA/State Plan Inspection	<input type="checkbox"/>	Target ≤ 0.7 is met Target > 0.7 is exceeded	<input type="checkbox"/>
4. Number of Willful Violations	<input type="checkbox"/>	Target (0) is met Target (0) is exceeded	<input type="checkbox"/>

☐ Subcontractor is found to be responsible

Number of targets **NOT** met - 1; 2a, b, c, 3

(> 2 = not responsible): \_\_\_\_\_

☐ Subcontractor is found not to be responsible

Number of targets **NOT** met - 2d; 4

(1 or more = not responsible): \_\_\_\_\_

**Prepared by:**

\_\_\_\_\_

*Print First and Last Name*

\_\_\_\_\_

*Signature / Date*

**Safety Review:**

\_\_\_\_\_

*Print First and Last Name*

\_\_\_\_\_

*Signature / Date*

# CONTRACTOR SAFETY PREQUALIFICATION RESPONSIBILITY DETERMINATION WORKSHEET (Continued)

Contractor:		NAICS:	
1. EMR/Risk Rating:		Average	
Year:		Overall:	
Employee Hours:		Average	
Year:		Overall:	
2a. Total No. of Recordable Cases:		Incidence Rates 3-Year Average	
Year:		2a 1R:	
(TRC): (Overall Avg.		(Target)	
X 200,000/Average Employee Hours)		BLS Avg. for NAICS*:	
2b. Total No. of Cases Involving Days Away from Work AND Restricted Work:		2b 1R:	
Year:		(Target)	
(DART): (Overall Avg.		BLS Avg. for NAICS*:	
X 200,000/Average Employee Hours)			
2c. Total No. of Cases Involving ONLY Days Away from Work:		2c 1R:	
Year:		(Target)	
(DART-L): (Overall Avg.		BLS Avg. for NAICS*:	
X 200,000/Average Employee Hours)			
2d. No. of Fatalities:			
3. Total No. of OSHA/State-Plan Inspection:		No. of Serious and/or Repeat Citations:	
4. No.of Willful Citations:		Citations Divided by Inspections:	
Evaluation Workup by:			
Print First and Last Name		Signature / Date	
Safety Review:			
Print First and Last Name		Signature / Date	